

**CLAIMS ONLY**

**Application Number**

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep.	Depend	Indep	Depend	Indep.	Depend	Indep	Depend
1	/						51			
2		/					52			
3	/						53			
4		/					54			
5	/						55			
6		/					56			
7	/						57			
8		/					58			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	17						Total Indep			
Total Depend	8						Total Depend			
Total Claims	8						Total Claims			